
	<p><i>This form is prescribed by the Superintendent for use by applicants for a Permit to Carry a Handgun. Any alteration to this form is expressly forbidden.</i></p>		<p style="text-align: center;">STATE OF NEW JERSEY APPLICATION FOR PERMIT TO CARRY A HANDGUN</p> <p>Application must be delivered, in triplicate, to the Chief of Police of the municipality wherein you reside, or to the Superintendent of State Police in all other cases. A money order in the amount of \$20.00 payable to State of New Jersey must accompany this application.</p> <p>Answer all questions. If more space is needed, attach bond paper. Page two must be completed. Four photographs of the applicant, one and one-half inch square, head and shoulders, no hat, light background, taken within the last 30 days must accompany this application.</p>
<input checked="" type="checkbox"/> NEW <input type="checkbox"/> RENEWAL		Municipal Code _____	
<p>Each person applying for a Permit to Carry and Handgun must supply a letter of need, specific in content, as to why they have a need to carry a firearm in the State of New Jersey. If this application is employment-related, then your employer must supply this letter.</p> <p>List the reason for this application: <i>Lawful Self Defense</i></p>			
(1) Last Name (If female, include maiden) First Middle FENTON, FINLEY		(2) Resident Address (Number - Street - City - State - Zip) _____	
(3) Date of Birth _____ (4) Age 42 (Place of Birth - City - State or Country) _____		(5) U.S. Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (6) Social Security Number _____	
(7) Sex M Height 5'10" Weight 180 Eyes brown Race white Hair brown Complexion light		(8) Distinguishing Physical Characteristics none	
(9) Name of Employer Cablevision / Essex County Sheriff's Office		(10) Employer's Address (Number - Street - City - State - Zip) _____	
(11) Occupation SALES / DEPUTY SHERIFF		(12) Home Telephone _____ (13) Business Telephone _____	
(14) Driver's License Number & State _____		(15) If you possess a N.J. Firearms Purchaser ID Card, list the number N/A	
(16) Have you ever been adjudged a juvenile delinquent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, List Date(s) _____ Place(s) _____ Offense(s) _____	
(17) Have you ever been convicted of a disorderly persons offense, that has not been expunged or sealed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, List Date(s) _____ Place(s) _____ Offense(s) _____	
(18) Have you ever been convicted of a criminal offense, that has not been expunged or sealed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, List Date(s) _____ Place(s) _____ Offense(s) _____	
(19) Have you ever had a firearms purchaser identification card, permit to purchase a handgun, or permit to carry a handgun refused or revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, By Whom? _____ When? _____ Where _____ Why? _____	
(20) Have you ever had an Employee of Firearms Dealer License refused or revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, By Whom? _____ When? _____ Where _____ Why? _____	
(21) Are you an Alcoholic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		(22) Have you ever been confined or committed to a mental institution or hospital for treatment or observation of a mental or psychiatric condition on a temporary, interim or permanent basis? If Yes, give the name and location of the institution or hospital and the date(s) of such confinement or commitment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(23) Are you dependent upon the use of any narcotic or other controlled dangerous substance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		(24) Are you now being treated for a drug abuse problem? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(25) Have you ever been attended, treated or observed by any doctor or psychiatrist or at any hospital or mental institution on an inpatient or outpatient basis for any mental or psychiatric conditions? If Yes, give the name & location of the doctor, psychiatrist, hospital or institution and the date(s) of such occurrence. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		(26) Do you suffer from a physical defect or sickness? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(27) If answer to question 26 is yes, does this make it unsafe for you to handle firearms? If not, explain. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A		(28) Are you subject to any court order issued pursuant to Domestic Violence? If yes, explain. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(29) Have you ever been convicted of any domestic violence in any jurisdiction which involved the elements of (1) striking, kicking, shoving, or (2) purposely or attempting to or knowingly or recklessly causing bodily injury, or (3) negligently causing bodily injury to another with a weapon? If Yes, explain. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		(30) Are you presently, or have you ever been a member of any organization which advocates or approves the commission of acts of violence, either to overthrow the government of the United States or of this State, or to deny others of their rights under the Constitution of either the United States or the State of New Jersey? If yes, list name and address of organization(s) here: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
APPLICANT: DO NOT WRITE BELOW THIS SPACE			
To the Judge of the Superior Court of _____ County: I have investigated or caused to be investigated the applicant, and from the results of such investigation, the applicant is: _____ (Attach investigation Report when submitting to Superior Court.)			
APPROVED <input type="checkbox"/> This _____ Day of _____, 20____		Reason for Disapproval <input type="checkbox"/> A. CRIMINAL RECORD <input type="checkbox"/> B. PUBLIC HEALTH SAFETY AND WELFARE <input type="checkbox"/> C. MEDICAL, MENTAL OR ALCOHOLIC BACKGROUND <input type="checkbox"/> D. NARCOTICS/ DANGEROUS DRUG OFFENSE <input type="checkbox"/> E. FALSIFICATION OF APPLICATION <input type="checkbox"/> F. DOMESTIC VIOLENCE <input type="checkbox"/> G. LACK OF JUSTIFIABLE NEED <input type="checkbox"/> H. OTHER (SPECIFY) _____	
DISAPPROVED <input type="checkbox"/> Signature _____ Title _____ _____ Department of Police		GRANTED ON APPEAL <input type="checkbox"/> SBI Number: _____ Permit Number: _____ Restrictions: <input type="checkbox"/> Yes (List on Page 2) <input type="checkbox"/> No	
The foregoing application, having been presented to me, and the determination made of the sufficiency thereof, and the need of the applicant to carry a handgun, I hereby: Grant a permit, pursuant to Section 2C:58-4 of the New Jersey Statutes.			
<input type="checkbox"/> Deny This _____ Day of _____, 20____ _____ NJ Judge of the Superior Court County			

I am personally acquainted with FINLEY FENTON, the applicant named on page one of this application. I have known Him/Her for the past 14+ years to be a person of good moral character and behavior and who is capable of exercising self control. I have reviewed this application and I believe that the answers given by the applicant to the questions set forth in this application are complete, true and correct in every particular.

CARL APPLEWHITE

Print or Type Name

Signature

Date of Endorsement

No.

Street Address

FAIRFIELD

NJ 07004

City/Town

State

Zip

Home Telephone Number

Business Telephone Number

Endorsement Number Two — Reference must have known applicant for a minimum of three years preceding the date of the application.

I am personally acquainted with FINLEY FENTON, the applicant named on page one of this application. I have known Him/Her for the past 20+ years to be a person of good moral character and behavior and who is capable of exercising self control. I have reviewed this application and I believe that the answers given by the applicant to the questions set forth in this application are complete, true and correct in every particular.

ROBERT GORAL

Print or Type Name

Signature

Date of Endorsement

No.

Street Address

MOUNTAIN LAKES

NJ 07046

City/Town

State

Zip

Home Telephone Number

Business Telephone Number

Endorsement Number Three — Reference must have known applicant for a minimum of three years preceding the date of the application.

I am personally acquainted with FINLEY FENTON, the applicant named on page one of this application. I have known Him/Her for the past 3 years to be a person of good moral character and behavior and who is capable of exercising self control. I have reviewed this application and I believe that the answers given by the applicant to the questions set forth in this application are complete, true and correct in every particular.

RUSS MEAD

Print or Type Name

Signature

Date of Endorsement

No.

Street Address

NJ 07444

State

Zip

Home Telephone Number

Business Telephone Number

State of New Jersey

County of Bergen SS

Finley Fenton being duly sworn, upon oath deposes and states that he/she is the applicant named on page one of this application; that the answers to the questions given on this application are complete, true and correct in every particular.

This 26th Day of March, 2010

Notary Public

Signature of Applicant named on page one

Date of Application

(The disclosure of my social security number is voluntary. Without this number, the processing of my application may be delayed. This number is considered confidential.) I realize that if any of the foregoing answers made by me are false, I am subject to punishment. Falsification of this form is a crime of the third degree as provided in NJS 2C:39-10c.

SPACE BELOW RESERVED FOR SUPERIOR COURT JUDGE GRANTING PERMIT

List Permit Restrictions Here:

Photograph of Applicant
1.5 x 1.5 inches